First Glycopeptide-Resistant *Enterococcus faecium* Isolate from Blood Culture in Ankara, Turkey

To the Editor: Glycopeptide-resistant enterococci infections are a major problem in hospitals. Infection or colonization by vancomycin-resistant enterococci was first reported in France (1) and the United Kingdom (2); since then, these organisms have been reported throughout the world. In Turkey, vancomycin and teicoplanin have been used to treat serious methicillin-resistant *Staphylococcus aureus* and ampicillin-resistant enterococci infections.

We describe the case of an acute myelocytic leukemia patient with vancomycin-resistant enterococci bloodstream infection. This is the first glycopeptide-resistant *Enterococcus faecium* isolate from our hospital and from Ankara, Turkey. The patient had not been cared for at another institution.

A 68-year-old man, hospitalized with acute myelocytic leukemia, had fever episodes during the neutropenia following three courses of remission-induction chemotherapy (daunorubicin+cytosine arabinoside). A combination of antibiotics including vancomycin, ceftazidime (sometimes imipenem), and amikacin was administered with different regimens during the 5 months of hospitalization. Blood, urine, and rectal swab cultures during this period were positive for different *Enterobacteriaceae* spp. but always negative for vancomycin-resistant enterococci. For long-term hospitalizations, our center routinely performs surveillance rectal swab cultures. At the end of month 5, *E. faecium* was isolated from the blood cultures, just 1 day before the patient's death.

The strain was identified by conventional methods, commercial automatic systems (API Strep-Biomerièux, France), and polymerase chain reaction. Susceptibility patterns showed that the isolate was resistant to all antibiotics except ciprofloxacin and levofloxacin. When the E-test was used, MIC levels for vancomycin, teicoplanin, ciprofloxacin, and levofloxacin were 256 µg/mL, 64 µg/mL, 0.75 µg/mL, and 1.5 µg/mL, respectively. *VAN-A1* and *Van-A2* type resistance genes were detected by polymerase chain reaction. Hacettepe University microbiology laboratories confirmed these results (3,4).

After this strain was isolated, 1,266 stool and 176 rectal swab samples were taken from hospital personnel in three sessions ≥1 week apart, and patients were tested for vancomycin-resistant enterococci. Swab cultures from all environmental surfaces (bed rails, bedside commodes, carts, charts, doorknobs, faucet handles) were also examined. We injected all samples with 5% sheep blood agar with vancomycin (6 mg/L); vancomycin-resistant *E. faecium* was not identified in any sample.

This was the first case of high-level vancomycin-resistant enterococci with a class A phenotype isolated from a person in our hospital or in Ankara, Turkey. To prevent the organism's spread, we implemented the recommendations of the Hospital Infection Control Practices Advisory Committee (5).

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